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the medical missionary

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WHO SHALL BEAR THE FLAME?

Sister M. Angelica

"The problems of the world today, are the problems of the land and the people of the land." *

Seventy-five per cent of all humanity still lives on the land. This is especially true of Asia where millions live in villages, cultivating the soil with wooden ploughs, as they did thousands of years ago. India alone has 500,000 villages; 85% of her people are peasants. East Pakistan has 100,000 villages; West Pakistan too, has many thousands.

From age to age, life and time have marched on in these lands, leaving them substantially untouched. Through plague and famine, earthquakes and "isms"—old dynasties and new kingdoms, the villages have emerged for the most part unchanged, immovable, static.

The villages of Asia are not homogenous. Some lie hidden in deep jungles, or mountain forests, or stretch far north towards the dry barren terrain of the desert; others spring up in the open, under tropical palm trees, along winding canals and streams, in the south. Yet, all have the same basic problems: all are badly nourished, miserably housed, sick, shackled by centuries of tradition and illiteracy. And in these villages live the tillers of the soil, "the keymen" of the earth—meek, patient, contented with their lot (for the most part), hardworking, bowed down with burdens they cannot lift; hunger and fear ever threatening, when the rain does not fall and the crops dry up and fail.

The villages of India do not consist of a series of little houses set in little plots of ground; no, the

*Ligutti

village is a crowded cluster of little mud huts with thatched roofs, perhaps a 100 of them together. The farm of about 1,000 acres lies beyond. This is divided up into about 100 plots, with each man responsible for a small plot; usually it is not his own land. Most of the villagers pay an exorbitant rate of rent to landowners, or work as laborers for a landowner. Most of them are heavily in debt. No one can live in a village even for a short time and escape seeing the terrible misery to which the flesh of villagers has fallen heir. Sometimes a whole village is so sick with malaria, that no one is able to harvest the crops.

Gandhi, in his day, planning the new Indian nation, realized that the future of India would be settled not by her cities, but by her villages. His solutions for the villagers' problems were: sweeping land reforms and skilled patient technicians who would settle in the villages and aid in their agricultural and social development.

To some extent both plans are in operation today. Both have a long way to go before the vast majority of the villagers will reap lasting benefits from them.

"Community Development" is the term used now, by Governments in Asia, who are trying to obtain technical aid for their people. More and more, they realize that they must bring this aid on a large scale or else fail to reach the 'key men' of the nation.

Vinoba Bhave, in 1951, following in Gandhi's footsteps started to ask for land gifts (Bhoodan). The land thus collected is given to the landless. For the most part the amount given so far, is infinitesimal compared to the need but in one village every landowner surrendered ownership of his property to the village as a whole. Communists have capitalized on this by claiming that this type of "Bhoodan" is fully in accord with their system, and ideals. It remains to be seen if they will join forces with the Bhoodan movement.

Years ago, it was only the missionary who penetrated the physical and mental isolation of the villagers, bringing them schools, hospitals, dispensaries thus helping them in their daily struggle for existence. Sometimes whole new Christian villages sprang up in this way.

Now governments are taking over many of these tasks, but they realize that much must come from the villagers themselves. One stumbling block to many technical aid programs has been the mental attitude of the people. As Monsignor John O'Grady of the International Council of Catholic Charities so well says: "If they continue to be satisfied with a house where the whole family and the cattle lives in one room, they will never have decent housing." It needs a strong force outside themselves to stir them up to accept new improvements and new ideals. But it must be a force for good if it is to last. While many old customs and beliefs are being swept away, or changed, and weakened, new "isms" hold up false hopes which threaten to undermine the moral fibre of the peoples' lives. The missionary priest or sister willingly cooperates in all good plans for the people's welfare. To the natural good, they add something more—the Christian basis. They have something unique to give. They bring to these people the one and only contribution which is certain to be good and last—Christ. He alone gives Spirit and new Life.

"Send forth Thy Spirit and they shall be created, and Thou shalt renew the face of the earth."

VILLAGE VISIT IN WEST PAKISTAN

Sr. M. Perpetua, M.D. visits a Pakistan village.

Sister Mary Christopher

It was 9:15 a.m. Saturday morning when Sister M. Elise, M.D. and I drove into Josephabad, on our monthly medical tour of the Catholic villages in the Diocese. The village lay calm and peaceful around us. We could see the Boys' School off in the distance.

Father Vandercluck was conducting his class out in the school yard where there was a little sunshine to warm fingers and toes. As I stood on the verandah of the small convent, taking in the village scene, I saw another figure approaching, walking at a determined pace. I could sense something was amiss. As the figure drew near, I recognized Father Clarke, the parish priest. When he saw me he came into the convent compound and without so much as a greeting, the thoughts that were running through his mind, and raising his blood pressure, poured out. "They are trying to steal our water. With the shortage of rain this past winter, the people are mad for water, and the other villages are trying to cut off our supply. I have been fighting with them all morning long." Although I teased him about the "fighting Irish", I realized the seriousness of the problem.

The villages connected with Rawalpindi Diocese are really desert land, nothing but sand. It is only by means of irrigation and hard, hard, labor that the people can make the land produce a livelihood for them, and their families. Water is the key and it is brought in through a canal which is channelled off to reach each village, and only a certain amount is allotted each day. To tamper with the water always means a battle, and one that can literally lead to bloodshed.

Life as it is lived in the village of Josephabad appears to a visitor as if one had opened the bible and the scenes and characters depicted therein, came to life again. In the village, there is only one pump, more or less centrally located, beyond the priest's house. The women and girls gather there with their jugs, pots and jars, to collect their water supply. As I watched them coming to

the pump, filling their containers, lifting them gracefully on to their heads, it was easy to imagine the Samaritan woman at the well, when Our Lord approached to ask for a drink of water. Or later, in the day, when we went into the clean, but barren homes of the people, I noticed that the string *charpoy* (bed) was the only piece of furniture. Again, my mind made a quick tie-up with the crippled man who was let down through the roof—in a small one-story mud hut, this would be no problem at all. And to see the ease with which the children picked up the string beds and moved them around, gave me an entirely different picture of the poor man who was told to take up *his* bed and walk—no moving van needed here.

For the most part, life in these villages is an out-door affair. Everything takes place in the compound outside the little mud hut. A fire is built in one corner, and the mother prepares the family meal on it. It is wonderful how they manage to get their whole meal of curry, chappattis, and tea on such a small fire—and then to have it all hot and tasty too. There is of course, no electricity, in the homes; even, the priests and sisters have only kerosene lanterns to do their work with at night. This means that the people live by the sun. In winter their days are short; in the summer they are long. The whole village settled down as soon as the sun set. There was not a sound from man or animal until the following morning sunrise.

Although there is a plot of land ear-marked for the parish church, Josephabad, has not yet been able to start building. At present, the priests have converted one room of their little home into a chapel where they say Mass daily, and where the Blessed Sacrament is reserved. On occasions when the whole congregation is gathered together, they set up a portable altar on the verandah. The Sunday morning that we were there, we attended the parish Mass. Needless to say, it was hard not to be distracted as we watched the Mass proceed. The women and babies gathered on the verandah, while the men and boys were in the background. There were no seats or kneelers. The people all have a very easy way of squatting or sitting cross-legged on the ground, and can remain in this position for hours.

The children played around, the

Primitive method of plowing with camel-drawn plough, in a semi-arid area, Baluchistan.

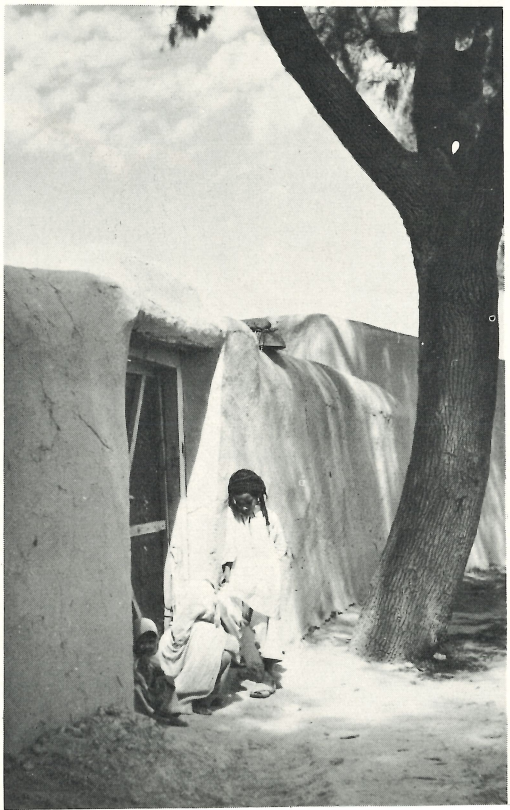
mothers nursed their babies, as they followed the actions of the priest, saying Mass . . . their lips moved in prayers. At the Offertory, the altar boy discovered that there was no water in the cruet. Off he ran to the pump. He was back in time to offer Father, the drop of water, representing himself and the people, pouring it into the Chalice with the wine.

It is the lack of water that causes so many diseases and epidemics in the village. As Sr. M. Elise, M.D. has been making medical visits to this village for some time now, there is already a noticeable improvement in the general health. Sr. M. Elise, instructs the priests and sisters regarding certain cases so that they can follow up her prescriptions. The sisters have a small dispensary for women; the priests have one for the men and boys. They also get their medical supplies from Sr. M. Elise. They have learned to treat ordinary routine things, and when we come point out the more serious ones who need treatment and surgery in the hospital.

While Sr. M. Elise, M.D. was seeing the male patients on Saturday morning, I met "Energy" for the first time. Poor "Energy"—all he succeeds in doing is getting into everyone's way. Some time ago he came to Father's dispensary. His chief complaint was that he had no energy and he always felt tired. He wanted some energy pills. Father gave him two pills with a glass of water and a large bottle of pills for home treatment. Just as it was getting dark that night and Father was closing the dispensary, he tripped and almost fell over something. It was "Energy", sound asleep!

Truly village life is picturesque. The simplicity and frugality fascinated one. Here you see the poor, contented with their lot, day after day, year after year, the men out on their little plots of land, behind the ox, crude wooden hand ploughs; the women grinding the wheat and spinning cotton; children watching the few cattle; babies crawling on the ground, or more often riding their mother's hips. We can hardly conceive such a hidden, routine, seemingly monotonous way of life. The people are loveable and grateful, and it is easy to reach their hearts—but they have a long way to climb before they reach a better standard of living, more in keeping with their dignity.

Typical village home made of mud near Rawalpindi, Pakistan



VILLAGE AID IN EAST PAKISTAN

Rev. Richard Timm, C.S.C.

East Pakistan, formerly known as East Bengal, is a flat alluvial plain which has emerged from the Bay of Bengal only within a recent geological era. It is the size of the State of Illinois and has one-fourth the population of the United States. East Pakistan is a riverine country. Besides the Ganges and the Brahmaputra, there are numerous smaller rivers of importance which empty into the Bay of Bengal through East Pakistan. A large portion of the land normally goes under water during the rainy season, and during the 1954 and 1955 rainy season vast floods covered two-thirds of the area for almost a month. Thus the threat of future floods is grave.

The concentration of population is in the rural areas. There are said to be 100,000 villages in East Pakistan, and Dacca, the capital, is the only large city with a population exceeding 100,000. With the development of industries following the partition of India in 1947 there has been an increasing tendency toward urbanization, but the economy of the country is still predominantly agricultural. About 90% of the working population are gainfully employed in agriculture. Hence when one speaks of village aid or community development in East Pakistan he is referring basically to the agricultural community.

The Bengali Village

The typical Bengali village is composed of a variable number of family units called *baris*. The father's cottage and those of his sons are grouped around an open courtyard and form a separate group within the larger structure of the village. The poorest homes are of woven split bamboo with thatched roof, while the more prosperous village homes are of adobe with tin roof, or rarely of brick and plaster with a flat roof of beaten earth mixed with brick dust. Common facilities are available to all members of the *bari*

Cutting Jute stalks, East Pakistan.

for bathing, sanitation, and the washing of clothes. Surrounding the village are the fields of the farmers, fragmented into tiny plots and subplots through inheritance. These plots of land are marked by raised bunds of earth which effectively prevent the use of mechanized equipment on most of the land.

The chief economic crops are rice, the staple food, and jute, the fibers of which are stripped off and exported raw or processed in local jute mills into burlap or hessian cloth. Most of the rice is deep water rice (aman), which grows above the water as the fields are flooded during rainy season. Jute, too, grows at this time in the low-lying areas. Few vegetables are cultivated during the rainy season. Some high land rice (aus) is also grown during the summer monsoon, while winter rice (boro) forms only about 1/50 of the total crop. In the winter, vegetables are widely raised, principally for the city markets, but much of the land is planted with mustard, a crop which brings in more money for less work. In recent years wheat has been cultivated more and more as a profitable winter crop.

Village Problems

The average Bengali villager faces a continual struggle for the bare necessities of life for himself and his family, which ordinarily contains several children. Malnutrition is the rule rather than the exception. Because of the almost total dependence on rice as food, when the main crop is destroyed or reduced by floods or parasites, the majority of the population survive for a time under conditions of semi-starvation. Due to ignorance of nutritional needs and due to the effect of conservative custom little attention is given to a balanced diet. Money crops are grown on land where vegetables could be raised for home consumption. The ease of rice cultivation as contrasted with truck garden production causes land to stand idle which could be used for this purpose.

In the villages primitive sanitary methods are in vogue, and modern medical facilities are sadly wanting. Tube wells are few; water for drinking and cooking is obtained from open wells, small ponds, or rivers. Even college boys, in the absence of well water, will drink directly from a river. It is not difficult to understand why East Pakistan is an endemic focus of cholera. The fact that most people go barefoot accounts for the high incidence of hookworm disease. It is not uncommon for a single person to be carrying three or four different kinds of roundworms, in addition to pathogenic amoebae causing amoebic dysentery and latent cryptic malaria organisms. Frequent bouts with debilitating diseases sap the vitality and ambition of the already undernourished villagers.

Binding dry Jute stalks after fiber has been stripped from them.

Illiteracy in East Pakistan is said to be over 80%. How can democracy function in such an intellectual vacuum? Not only ignorance but also prejudice, rooted in time-honored customs and mental attitudes, stand in the way of modern progress. Whatever the cause, the absence of a civic sense or sense of social responsibility in the villager militates against cooperative village enterprises of social uplift. The stigma of manual labor among the "long pants wallahs", the equivalent of our white-collar class, creates a gulf between the educated class, possessing the knowledge necessary for social change, and the great mass of poor ignorant agriculturalists.

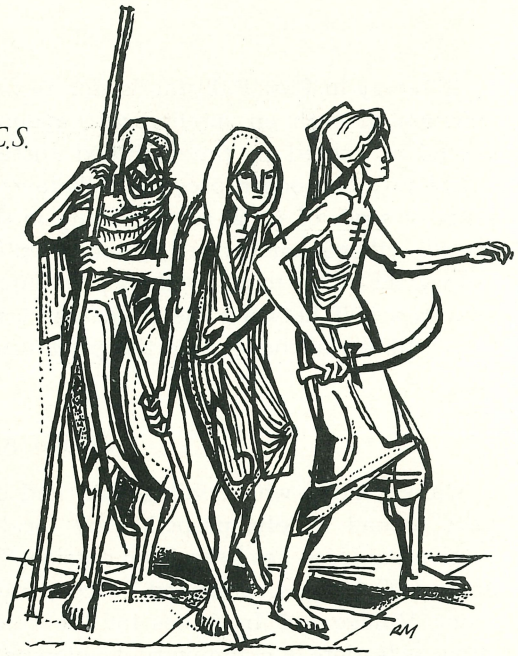
Village Aid

Unlike India, where village aid and community development projects have spread widely, propelled by local impetus, in East Pakistan the motivating force has been from outside. The American Technical Aid Program (I.C.A.) has sponsored, in cooperation with the Provincial Government, Village Aid Institutes for the training of social workers who will serve as leaders in community development in village centers to be eventually located throughout the country. These Institutes, designed by an American architect and furnished with American demonstration equipment, are constructed alike for beauty, practicalness, and durability. American technical aid instructors form the backbone of the staff.

A wide range of activities is conceived under the heading of Village Aid. Its object, however, is not to spend money lavishly by bringing in teams of plumbers into a village to set up a modern sanitation system, teams of carpenters and masons to build substantial and healthful village homes, teams of craftsmen and enterpreneurs to establish local trades and industries, etc. Rather the purpose of the Village Aid program is to help people to help themselves, to create a sense of community pride, to foster projects which benefit the entire community and which can only be accomplished through the combined efforts of the villagers working together. The Village Aid scheme furnishes a stimulus to action, scientific knowledge and direction, and at least the minimum essential physical equipment.

Mother M. Benedict, M.D., F.I.C.S.

NISHI The Villager



"Why, Nishi Kanto! How well you look!!"

I could not repress the exclamations—they were spontaneous and almost involuntary. It was hard to associate this well nourished, smiling, little man with the desperately ill patient I had known a year before.

Nishi had just come from Court where a decision had been handed down in his favor against the assailants who had come so close to killing him a few months earlier.

Well I remember the evening Nishi Kanto had been carried into the hospital compound. Nishi is a Garo, one of the aboriginal tribes who inhabit the so-called Garo "hills" (highest about 200 feet) in Mymensingh District of East Pakistan.

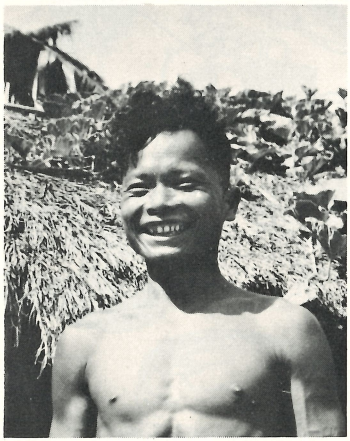
Our little St. Michael's Hospital is located in Mymensingh town—in the middle of the jungle at the foot of these hills. Our buildings are simple and a bit crude but our equipment and the quality of the care which we provide cannot be excelled in the vicinity.

Eight men had taken turns, four at a time carrying Nishi the 35 miles to the hospital on a cloth stretched over two bamboo poles. When he reached us, he was a sight to behold.

One week earlier in his bari (house) in one of the Garo villages of the Biroi-dakuni Mission, a band of robbers had attacked him with knives and sticks, Every day for the past week the villagers had expected him to die and when he hadn't after seven days, they decided to bring him as best they could, to the nearest and only hospital—the long rough 35 miles—across fields and

rivers on foot, carrying their heavy burden, until they reached St. Michael's Hospital compound.

As I stood there, that evening a year before, looking at the shadow of a man on the improvised stretcher, I breathed a silent and fervent prayer both for the patient and for guidance.



Nishi, ready to go home.

Nishi was really worn-out after the arduous journey so—we temporized—gave him fluids and rest. —There was scarcely a spot on his body which was not either bruised or cut. Examination showed that the most serious of his injuries was from a knife wound in his left side. This had been made by a dao (a curved knife used by the villagers for almost every purpose from chopping wood to killing chickens). Nishi's breathing was also impaired and we knew this was most probably related to the knife wound.

The next morning the patient was in better condition than he had been the evening before but still gravely ill and an extremely poor surgical risk. We took him to the operating room only to find that the dao had successfully put a hole in his large bowel and his diaphragm —the latter accounting for his difficulty in breathing!! Our amazement grew and we wondered how Nishi could have survived this long with such injuries—How had he been able to accommodate his respiratory and gastrointestinal tracts to such injuries? Why wasn't there more drainage from such wounds?? After much probing we discovered the answer—the villagers had stopped the flow of excretions by inserting a big plug of *grass* into the wound!! This had most probably saved Nishi's life.

Now, here he stood one year and three major operations (which we had been happy to perform) later —a happy, healthy and grateful man. What rugged individuals are developed by the hardships and make-shifts of village life in the Orient!!!

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

KOKOFU — VILLAGE OF HOPE

Sister M. Raphael, B.S. Pharm.

Basket weaving, Kokofu, Ghana, W. Africa.

Kokofu Leprosy Settlement in Ghana, newest West African mission of the Medical Mission Sisters is near the famous sacred lake of Ashantes, Lake Bosumtwi. Situated south of Kumasi, in the rich forest country south of Ashanti, the land is hilly; the climate hot and humid. This site was selected because there is a high incidence of Hansen's Disease in the lake region; many with the sickness live in the fishing villages which ring this curious lake.

About a 20 minutes drive from this lake, and a mile from the small village of Kokofu is the government-built leprosy settlement which covers a tract of over 600 acres of tropical jungle and bush. Only a small area of this has been cleared for the hospital buildings and the patients' villages. Gradually however this is being extended as farms of yams and vegetables are cultivated. Besides hired nonpatient laborers, ambulatory patients work on the farms as much as their health permits, and insofar as they have the use of their hands for holding the cutlass and hoe, the principal farm implements of the country. This is the one occupation these people are familiar with, and enthusiastic about, especially when the crops are those long, luscious yams which make such fine evening meals of fufu.

Since the comparatively recent introduction into medicine of the

sulfone drugs, the treatment of leprosy has been radically changed, and the outlook for the future is bright. In Ghana the Government Medical Services has a program for treating leprosy patients in clinics scattered throughout the country. These are usually those with the non-infectious types of the disease. Medical Mission Sisters visit 60 of these clinics besides caring for the patients at the leprosarium.

Prior to the opening of the Kokofu institution there were only two leprosy settlements in Ghana; one at Ho, Togoland, some 50 miles northeast of Accra, and another about an equal distance to the left, at Ankaful near Cape Coast. The Kokofu Leprosy Settlement was built to meet the need for isolation and care of the people in Ashanti, and the Northern Territories, who suffer from the *infectious types* of the disease.

The hospital cares for two types of patients: those blind, or disabled with leprosy who need nursing care; and ambulatory leprosy patients admitted for some other disease or condition such as malaria, sleeping sickness, or treatment of burns which are so common with these patients who have poor sensory perception and are frequently burned without realizing it.

Oftentimes new admissions to the settlement are hospitalized for a few weeks as they are frequently in a poor physical condition, suffering from malnutrition, malarial infection and hookworm infestation. One young man who was too poor to afford the lorry fare from his village which was 200 miles to the north, started to walk to Kokofu as he had heard that he would be cared for there. He must have been weeks on the road; Doctor found him collapsed on the road just a short distance from the settlement. After being admitted to men's ward, and treatment begun, laboratory examination revealed a hemoglobin of less than 5%. With medical treatment and good food he is improving and in a few weeks will be started on the regime of daily D.D.S. tablets to treat his leprosy.

Another young man in the ward is suffering from leprosy with accompanying blindness and sleeping sickness. The latter condition is slowly improving with treatment.

However, not all the patients

Sr. M. Patricia, R.N. dresses a patient's hand, Kokofu Leprosarium, Ghana, Africa.

(There are about 100 in the settlement.) need continuous *hospital* care, and for these, living quarters are provided. Leading off from the hospital in opposite directions are two foot paths. One leads up the hill to the Women's Village; the other path leads down to the Men's Village. Identical in pattern, these villages are groups of small double-room cement block houses. Here the ambulatory patients live, each in his own room which he may furnish and decorate as he pleases (within his very limited means), and may cultivate small flower gardens. As life in these units follow the same pattern as in other African villages, the women spend most of their time, when not farming, in washing and cooking while the men have more leisure to cultivate the art of graceful living. This is evidenced by the flourishing flower beds bordering their small verandahs, and their animal pets. Men's village has quite an array of animal life: guinea pigs, bush rats, and porcupines. These latter are kept in wicker cages suspended from the roof-beams of the verandahs. The chickens, which are plentiful in both villages, enjoy a typical African residence of miniature swish (baked mud) houses, complete with inner compounds in which they may strut. African pets are raised with an eye to the future —the cooking pot.

Each day these patients receive their medications of D.D.S. (Sulfone) tablets and multi-vitamins and iron tablets as indicated, and any dressings that are needed. Blood examinations and other laboratory work are done routinely by Sister M. John the medical technologist.

At the Settlement a certain amount of communal work is required, within the patient's ability; this is to provide food for the indigent patients and maintain the settlement, besides giving the patients a healthful occupational activity. For any work over and above the required amount, they are paid according to the wage scale of the country. Most of the patients work at the small farms. Some help with the laundry and gardening. Eben-

ezer, a young school teacher gives classes to the children-patients.

In addition to her charge of the wards, Sister John Marie newly arrived in Ghana, is directing the basket-making, and planning on introducing weaving as soon as suitable looms can be purchased. Besides occupational therapy, it gives the patients a chance to learn a trade which will help them earn a living when that longed-for day comes when the doctor will pronounce their disease arrested and they are discharged from the Settlement as being non-infectious. One of the most enthusiastic pupils in the basket-making class is Kwame Donkor. Although both hands and feet are severely crippled and he has lost the use of his badly constricted fingers, he can hold the sharp knife between the palms of his two hands and shave the cane down to the proper thickness. Weaving it into the pattern is a bit slower process, but he is doing well at it, and last week produced his first basket.

Normally evening entertainment is no problem for the Africans, as they love to sit around after the night meal, telling stories, and drumming and dancing when the moon is bright. However with the sick Africans in the leprosy Settlement the evening recreation is a problem; the people are away from their families, in a strange district, often of a different tribe or language from the Ashantis. The Sisters at Kokofu are constantly on the look-out for ideas to keep them entertained. Occasionally they get the use of a film projector and hope soon to be able to buy one for the Settlement.

Night classes were started for the illiterate adults, but hunger for the benefits of education were not avid until after the introduction of the bingo game. Possibly the first bingo games to be introduced into West Africa, these Tuesday evening games were enthusiastically received, because of the prizes. And the prizes were no more elaborate than a colored picture . . . a fancy (empty) box . . . an empty gallon tin (just the thing for carrying water). Anything not nailed down was "collected by Sister M. Camillus for the bingo

prizes. After the wonders of these treasures were displayed in the villages, attendance at the bingo games doubled, but the illiterate patients, who are in the majority, were unable to attend because they could not read numbers. Next week the night classes had a large attendance. Lesson subject: Numerals.

The patients at Kokofu Leprosy Settlement represent a cross-section of the country's religious beliefs: Christians (Catholics and Protestants), Mohammedans, and pagans. These latter are in the majority. The Catholic population is small, but active. There are a good number to be received into the Church. There is no resident chaplain as yet, but the parish priest comes seven miles every Sunday for Benediction, and for Holy Mass whenever he can manage it on his busy schedule of visiting the many villages under his care. Whenever the priest comes for Mass it is a source of happiness to the patients . . . All who are permitted to receive Holy Communion do so.

For the night of February 11, Centenary of the Apparition of Our Lady of Lourdes the newly organized praesidia of the Legion of Mary planned a candle-light procession to be ended with recitation of the Rosary before a decorated altar of Our Blessed Mother. The twelve members of the Legion invited any who wished to come; over fifty patients attended, each one carried a candle although some had to clamp the candle stiffly between the palms of crippled hands. While the Sisters took part in the ceremony, (keeping a wary eye on the array of burning candles, as the patients easily burn themselves without realizing it), the legionaires directed the affair. They decided to shorten the procession as many of the patients had difficulty walking. After a short trip around the circle they assembled at the Marian altar, where each patient presented his candle. The ceremony ended in a blaze of light with the patients chanting the Litany of Our Lady . . . Health of the Sick, pray for us! CAUSE OF OUR JOY, pray for us!

LEAGUE OF GRATITUDE

Three-fold Purpose: *to thank God for the priceless gift of FAITH; to help bring that gift to those in mission lands; to share in all the works, prayers and sacrifices of the Medical Mission Sisters throughout the world.*

Dear Sisters:

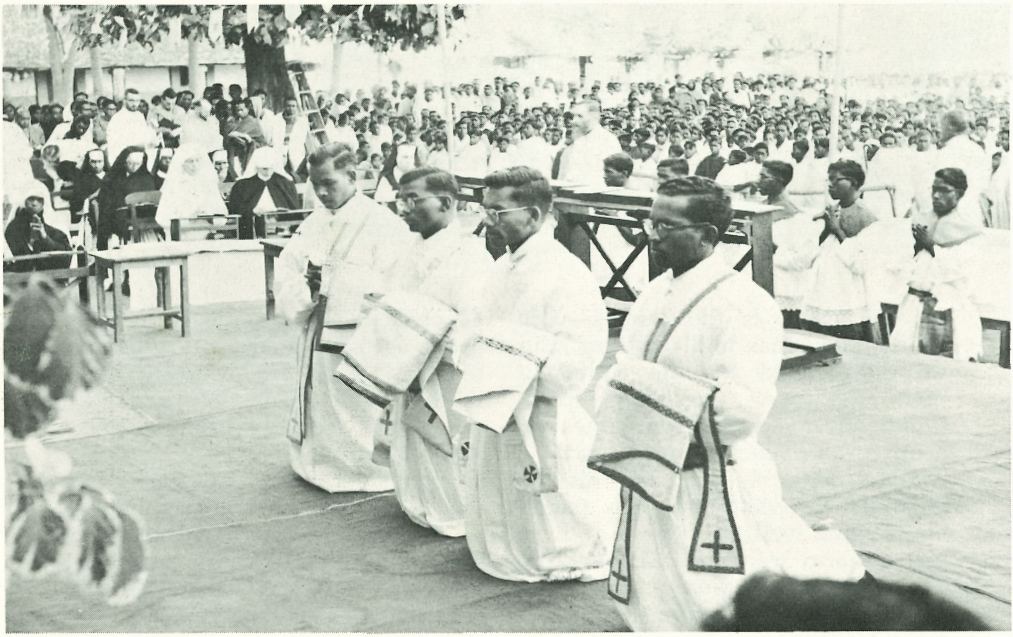
I want to become a member of your LEAGUE OF GRATITUDE. As long as I can I will send one dollar or more a month. Please send me a monthly reminder.*

Name .....

Street .....

City ..... *Zone*..... *State* .....

(**May be changed or discontinued at any time.*)



Ordination Ceremony—Samtoli, near Mandar, Ranchi Dt. India.
Sr. M. Dennis and Sr. M. Frederic in background.

Village Ordination in India

Sister M. Frederic, M.D.

At six-thirty A.M. it's pretty cold these days in Mandar. And it was also so in Samtoli, the day of the ordination. But I wouldn't have missed it for anything. An ordination is a never to be forgotten experience anywhere. How much more so, one, out-doors, on a New Year's Eve, in a small parish, out in the middle of nowhere.

Last year, among our many Ouraon patients in Mandar, were the mother and the uncle of one of the Ranchi seminarians. They had both gone home well to their villages. So when the time came for Brother Lazarus' ordination, we were among the invited.

Samtoli is a small village on the Bihar state border, about 180 miles or so from Mandar. It is in the Biru area, about 80% Catholic, and the source of many vocations to the priestly and religious life in this Archdiocese. The trip normally takes about 4 hours by Landrover, but we had a blowout on the way and spent an extra two and a half hours trying to get a new tire. And lucky we were to get one at that. I don't think we passed more than 5 gas stations on the way, if that many! The first part of the trip was through the relatively flat land of rice fields and orchards like our own Mandar; but the last half, which we never saw

for the dark, is the jungle—with deer and hyenas and panthers. But we didn't even see the whites of their eyes as we tore along, sometimes on macadam, sometimes on a dusty hard packed mud road.

When we arrived at Samtoli, the Ursuline Convent and the parish house were well lighted up and we had a warm welcome. All over the parish grounds were tiny fires, around which the families who had come for the ordination were having their supper or preparing their bedding for the night— their roof, the moon and the stars and the trees.

Promptly at six-thirty A.M., something like a bomb went off! and the solemn procession began. The girls of the Ursuline High School and the boys of the Jesuit boys' high school made up the two choirs. The congregation in this outdoor cathedral—a mud stage in front of the parish bungalow, with the canopy of the Archbishop's throne made of an exceptionally lovely silken blue sari— this congregation numbered about 4,000 and had come from all the surrounding villages and mission stations. Two of the ordained were from Samtoli parish, and two from nearby parishes. They were from among the poor, from the tillers of the soil. A sprinkling of college students were among them too. No silken saris here; no pretence. The babies were tied to their mothers backs with unbleached cloth, just as they are each Sunday at church. Boy scouts in uniform acted as ushers. And movable confessionals were all around the outskirts of the crowd. Everyone, I'm sure, went to Holy Communion.

Everyone was intent on this beautiful ceremony, explained over the loudspeaker in Hindi step by step as it went along. Never before had something like this happened "in the sticks"—always, in the stately cathedral of Ranchi. But our Archbishop is from this side too, just a few miles from Samtoli is his own home and village. What better than this could bring the meaning of the priesthood to his own people. Here were four of their own upon whom the Holy Spirit had come. They saw it, as all their Fathers—Indian and European—laid their hands upon the heads of those ordinandi on that mud stage. They knew it in the blessing they themselves received from these young priests from their own villages, who, a few years earlier, had gone to the Fathers' school as their children were now. It was a tremendous thing and they had all contributed to it by their Catholic life, of only two generations!

An hour after the ordination service was over, the swargat or welcome began. This, too, lasted about three hours. But time literally flew for all of us. The people sat on the ground in front of the stage. The Fathers, Ursuline Mothers, Indian St. Anne Sisters and ourselves, sat

on the stage with the newly ordained. There were many songs and speeches of welcome after an opening melody by the band, and dances, and the bringing of gifts. Each village of the area, but especially those from which the new priests had come, gave a little performance. Each brought presents — shawls, books, luggage, endless flowers and garlands, chalices, a bicycle, little goats and chickens, and lots of rice and dahl and eggs. Even the families of the new priests brought their gifts publicly. Professional dancers, too, performed an old-time Ouraon war dance, now a relic of former times.

At the end of the swargat, one of the newly ordained thanked the people in the name of all, for all they had done, and all gave their blessing to the multitude. It was by then well into the afternoon and all returned to their villages including ourselves.

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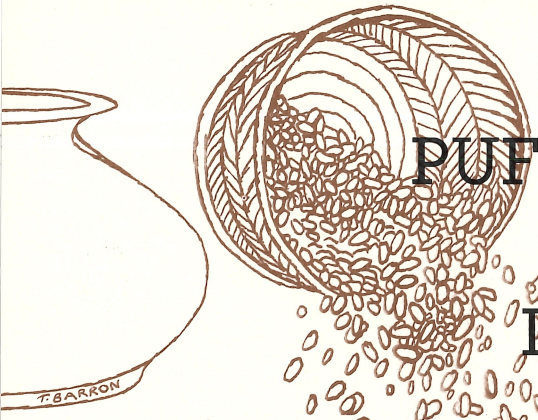

PUFFED RICE, VILLAGE INDUSTRY

Malti, India

In Battle Creek, puffed rice is "shot from guns." In Malti the process is a bit different, say by a thousand years or so! For weeks the *murhi-wallah* (puffed rice maker and seller to Holy Family Hospital, Mandar) has been asking us to come over and see the process. This morning we went en masse—Sisters M. Rupert, Michelle and Jerome by cycle—they got lost and had to scramble across the fields in the end; and Sisters M. Dennis, Maura, Pius, Vianney and myself on foot.

We invaded the darkness of her six-room house — something like white-washed adobe and very clean, but unlighted save by kerosene in spite of the fact that the DVC wires pass nearby. This is one of the more pretentious houses in the village—most have only two rooms at the most, but *murhi-making* is a big and apparently profitable business. And besides the men have an auxiliary pan (Indian chewing gum made from the betel nut) business on the side. The oldest boy of the house insisted on putting on a demonstration of that process too, for our Leica, but we didn't have the fortitude to accept a "chew."

In the first room of the house are the "stoves", more like tiny editions of the witches cauldron in Macbeth. At the far end the water was boiling for the rice of the noon day meal. In the near corner, sheltered from the wind by a mud wall, was the puffed rice pot. The process is really extremely simple. The rice is pounded, husked and washed. Then heated lightly in warm salty water and then dried on a mat in the sun. The pot is made piping hot over a wood fire, a handful of sand is thrown in, and over that a handfull of the prepared rice. Lo and behold, it is the same as popping corn! It takes a minute or so, then the puffed rice is brushed out with a tiny broom into a basket, leaving the sand, or most of it anyway, behind! Maybe it's not quite so smooth as the Battle Creek product, but it tastes mighty good. And since visitors never leave without a gift we received a basket of puffed rice at the end of the demonstration!

Afterwards we admired the pigeons and saw their ugly little fledglings in nests in old water pots hung from the wall of the porch. And then a blind old lady showed us how to smoke her water pipe— we didn't take a draw! I found myself wondering whether anybody had done a study on the incidence of lung cancer following hookah smoking. The statistics probably wouldn't be too reliable. Once you've tried to fill out a form on diseases you see the fallacy—one diagnosis only per head!

On the way home, we stopped at the *anda-wallah's* (egg-man's) place. He has a two story house—really a big wheel—and his son goes to college. The last time we were there they were building the first latrine in the village. And theirs is the best well in the place, with 3 foot concrete sides, and a sloping platform. It's deep too. We hollered down with the kids for the echo!

By the time we passed the bazaar grounds, the men were beginning to set up shop and unload the ox-carts, or drive poles into the ground for the shop stalls. Had we been a few hours later we would have had a time making our way through the narrow aisles between bangles sellers and cloth merchants and vegetable men, etc.

On the home stretch we decided to show Sister the shops across the street from the hospital. When we stopped at the *mitai* stall (candy shop) a huge crowd came along with an x-ray and a little girl whose arm had broken and healed in bad position. They wanted to know if she could eat and work with it—so after due consideration, I said "yes," and get married too. I stumbled along in my usual half Hindi and about five men interpreted for me till everyone in the crowd as well as the father of the child was sure he had the information straight. And just as we were about to leave, one of my first gastric resection patients came by to show his scar and to say how well he was. Of course I was pleased, and wondered, too, whom he had brought for exam. The last grateful post gastric resection patient brought a man "with the same trouble" he said,—only—the new man's trouble was really due to an epigastric hernia! And that was the end of our trip to Malti, a village a mile from our back yard.

MISSION SUNDAY FOR THE SICK

May 25, 1958, Pentecost Sunday, is Mission Sunday for the Sick. The sick are asked on this day to offer all their prayers and sufferings very specially for the missions.

R.I.P. *Please pray for our benefactors recently deceased:*

Most Rev. Hubert J. Cartwright
Wilmington, Del.

Most Rev. Joseph McCormack
Newcastle-on Tyne, England

Rev. Francis L. Meade, C.M.
Philadelphia, Pa.

Mr. Thomas Eckert, Jr.
New York, N.Y.

Mr. John D. Enright
Philadelphia, Pa.

Mr. Andrew Stanchak
Middlefield, Ohio
(Father of Sr. M. Jane, SCMM)

Mrs. Charles Frick, (Med. Miss. Aux.)
Philadelphia, Pa.

Miss Ann Godbold
New York, N.Y.

Mr. William Graham
Boston, Mass.

Mr. James Hanlon
Canton, Ohio

Miss Margaret Killian
Philadelphia, Pa.

Mrs. E. B. McFaul
Minneapolis, Minn.

Mr. Edward Nolan
Chicago, Ill.

Miss Teresa V. O'Reilly
Philadelphia, Pa.

Miss Catherine Shields
Chicago, Ill.

Mrs. John Williams, (Med. Miss. Aux.)
Philadelphia, Pa.

Mrs. Frances Winniepennik
Pierve, Neb.

Mr. William Carberry, (Men of Med. Miss.)
Philadelphia, Pa.

Mrs. Wendel Young
Philadelphia, Pa.
(Mother of Mother M. Benedict, SCMM)

MEDICAL MISSION WORLD

Sister M. Janice

TRAINING MIDWIVES

In an attempt to lower the infant mortality rate, the Philippine Islands, assisted by W.H.O., have introduced a program to train practicing midwives in the country. There are some 12,000 midwives, or "hilots" as they are called, working throughout the various islands. Their lack of knowledge of modern hygiene often proves fatal to mothers and babies. Those who attend the instruction on the techniques of modern midwifery and successfully pass the examination are presented with a maternity kit provided by UNICEF.

W.H.O.
Jan.-Feb. 1958

"A FIRST"

The first Afghan woman to become a doctor is taking further studies here in the United States at Woman's Medical College, Philadelphia, Pa. Dr. Mahgul Mohamad Ali, a graduate of La Fatima Jinnah Medical College, Lahore, Pakistan, will take charge of a free maternity hospital upon her return to Kabul, Afghanistan.

J.A.M.W.A.
Jan. 1958

"BREAKING A VICIOUS CIRCLE"

Delegates from many Southeast Asia countries recently met in New Delhi, under the auspices of the South East Asia Regional Office of W.H.O., to discuss the development and extension of rural health units within their respective countries. Of the 500 million inhabitants in this area, 8 out of every 10 live in rural areas. For three-quarters of these people nutrition, sanitation and housing do not meet even the simplest health requirements. One of the basic remedies to break this vicious circle of poverty and disease would be rural health units. Each unit would have one physician, one public health nurse, one chief sanitarian, four or more midwives and one or two sanitary assistants to serve between 20,000 and 30,000 people. India, with a population of 382 million, plans to set up 3,000 such units in connection with community development going on throughout the country.

W.H.O.
Jan.-Feb. 1958

"ON THE DOWNWARD PATH"

A recent editorial in "The Bombay Examiner" warned the people of India that serious and harmful consequences would occur to the country if birth control is practiced on a national wide scale. It has been historically proven that when a nation adopts birth control, it is doomed to disaster and cannot survive. Mahatma Gandhi, "Father of India," often declared to his people "that artificial birth control was immoral, damaging to the individual, an insult to womanhood and was bound to ruin the youth of the nation".

"The Examiner" mentioned that in spite of this noble ideal, under the Five Year Plan, 5 crores of rupees ($500,000,000) have been set down for family planning clinics, money which could well be used in a constructive way for more hospitals, new medical and engineering colleges and additional institutes for delinquents, orphans and the aged.

"The Bombay Examiner"
Nov. 30, 1957

NEWS FROM OUR HOUSES

First Vows—South Shields, England. His Lordship, John J. Cunningham, Bishop of Hexham and Newcastle officiated at the Profession and Reception Ceremony in S. Shields, England on Feb. 11th.

Front Row, l. to r.—Sr. M. Ita, M.T., Sr. M. Katherine (Superior), His Lordship Bishop Cunningham, Sr. M. Charlotte, Mistress of Novices, Sr. M. Agnes, M.D. Back row—Sr. M. Lioba, Msgr. P. Grant, Pres. of Ushaw College, Msgr. Cronin, Sec. to the Bishop, Sr. M. Yvonne, and Sr. M. Regina, R.N. Sisters M. Ita, M. Agnes and M. Regina made first vows. Sr. M. Lioba received the habit.

Sr. M. David (Milwaukee, Wis.) back in India again. This time as Mistress of Novices at our Indian novitiate, Poona.

INDIA

An Apt Pupil

Little Anne Marie in the children's ward is everyone's favorite right now. She always wants to feed the babies or carry something to help me. The other day she volunteered to carry the lactogen tin can, which is almost heavier than herself. (She is a victim of malnutrition.) As we descended the steps, I taught her how to count numbers from one to ten. When we reached the kitchen she saw a box of bananas. She looked at me with shining eyes. I knew what she wanted. "How many bananas do you want Anne?" I asked. "Panch" five! she replied. Well I taught her how to count—so I gave her two, making her promise to give one to Dorothy another little patient.

Sr. M. Carmella, R.N.
H.F.H., Kurji, Patna

Snakes Alive!

For the past month I have been doing public health work in the villages around the hospital. Yesterday I got a fright that almost turned my hair grey. An Indian student and I were walking out of a compound in a very poor section when we met a man. There is nothing unusual about meeting a man in these narrow (3 ft. wide) spaces between huts that are called streets. The man had long flowing hair and his face was painted with ashes and yellow coloring. Well, this is not unusual for there are many 'holy men' walking around the country side. What caused me concern was that there was not room enough for two of us, no less three, to pass comfortably. By the three of us I do not mean the student but the holy man and the six or seven foot snake that was coiled around his body. The snake had a head the size of a silver dollar and was a good four inches in diameter in the middle of its body. When the man saw me, he stuck the snake's head into his own mouth. The little show made me break out in goose pimples. I did not know whether to scream, run or act unconcerned. I chose the last, and holding my breath I passed him by with the air of "I always pass seven foot snakes in a three foot passageway." If the student had said "boo", she would have had to carry me home.

Sr. M. Pascal, R.N.
Holy Family Hospital, New Delhi

Hospital without a staff

We had a wonderful holiday in Darjeeling. The last week, Msgr. Eric, who is the first Nepali priest, took us to visit three villages. One village has a hospital built by the government but they can't find anyone to staff it . . . of course, they want us to take it over. It sits on a hill overlooking the beautiful sloping terraced mountains with a river rushing and bubbling along far below. It has been standing idle for several years and needs repairs. It has no electricity or running water. The road there is only a recent one,

Final vows in Ghana, Africa. L. to R., Sr. M. Martina, R.N. (1) Queens Village, N. Y., Sr. M. Marianne (3) Detroit, Mich., Sr. M. Antonia (4) Yonkers, N. Y. with Sr. M. Raphael who returned to Philadelphia last month to be First Provincial Councillor and Procurator.

Mother M. Benedict, M.D., Provincial (extreme right) on a recent visit to Venezuela was welcomed to Our Lady of Coromto Hospital, Maracaibo by the medical staff and their wives. Sisters left to right: Sr. M. Marina, R.N., Chester, Pa., Sr. M. Miguel, R.N., Albuquerque, N.M. and Sr. M. Madeleine, R.N., Morristown, N.J.

and still very rough. Only a jeep could get through. The people are badly in need of medical help—no medical care of any kind. They presented us with a long "thumb-print" signed petition begging us to come! They were so polite. The village headman met us and escorted us to the headman's house where everything was set out for tea.

We saw all the sick then went on to the next village. Farming and trading are the only two professions; potatoes, the principal crop.

The next village mission had just burned to the ground, so they were starting over in a poor attic. The school was still standing—an old log cabin. There were 103 children there —only one room. The children were lovely, they sang at the top of their lungs, and one boy read a paper with a big red ribbon attached which he then presented to us asking us to start a hospital there. We were all garlanded with white gauze-like Buddhist prayer scarves by five little boys. They only spoke Nepali but they bowed low, before and after. There were only five girls in the school, almost all barefooted. They did not have enough warm clothing either, but they all had round faces and the "hill" red-cheeks. After evening Mass in the classroom (Msgr. goes there once a month) we started back, wishing we were quintuplets so we could help more of God's poor.

Sr. M. Carol, R.N.
Holy Family Hospital, Patna

Bombay India. Sr. M. Brigetta, R.N., and her first two graduates from Holy Family Hospital School of Nurse-Midwifery, Bombay, India, January 1, 1958.

Rani — The Twin

Rani's mother brought her and her little twin brother to the dispensary one day when they were only two months old and they weighed a little more than four pounds. Rani's mother had a bad cough herself. She told us she bought two ounces of cow's milk for the babies and added enough water to make it last for one day. Who could get fat on that? So we gave her some milk powder, enough for four days and told her to return. After four days the babies looked about the same, so we gave her vitamins and more milk powder but that night Rani's little brother died. Why? No one knew. So it was decided that Rani just had to stay in the hospital now. Besides she had developed a cough and fever.

Rani stayed with us for 51 days —her weight doubled and she was just beaming with health when we let her go home. The next week Rani lost again—This time we brought Rani and her mother in for a week . . . and taught her mother how to care for Rani and for herself. Success at last. Rani's mother is very grateful even if they can never pay for the care received. Their story too, is legion.

Sr. M. Stephanie, R.N.
A.A.J.M. Hospital, Thuruthipuram

PAKISTAN

A Children's World

People are always more interesting than places—and especially children. Last week we admitted a little boy, Hamid, three years old. He had the usual medley of anemia, tuberculosis, and malaria. His mother was unusually understanding. The little tyke kept repeating — "Ami, ghar le-jao." "Mother take me home." She kept agreeing with him to keep him still, while Sister M. Barbara, M.D. examined him. I took him upstairs to the nurse and left before the final tearful farewell with Ami. The next day I stepped in to see him, and there he was all smiles.

Another child, a boy of six, had rickets, and came in for a plaster cast on both legs. His father held him while I took down the information. I tried to make the patient feel at home, but he only hid his head on his father's shoulder. The day the plaster was applied I passed through the corridor of the operating room. The child had been "put to sleep" to keep him still. His mother was pacing the hall with tears in her eyes. "What is the matter", I asked, "he is not in pain." "He is "behost" unconscious—she said. To them this is kind of a minor tragedy. Well, the next day, our little friend went home. The parents were glad that the plaster would correct the defect in their child's legs.

Sr. M. Julia
Holy Family Hospital, Rawalpindi

AFRICA

Harvest Festival

Today we had the Parish Harvest Festival in Berekum. It began with a High Mass held in the village square, with an out-door altar and the whole congregation singing the Common of the Mass and hymns in Twi. After Mass, the people brought offerings from their harvests—yams, cocoa, rice, peppers, bananas, plantains, etc., and gave them to the parish priest to be sold for the benefit of the church. It was just like an auction sale at home. Each offering is carried on someone's head to be shown off, then the auction begins. It is great sport—each one trying to outdo the other

and get a good price for his offering. The money is then turned over to the church.

We were given seats of honor with the Chief and the parish priest. We didn't have a seat under the royal umbrella but we had a shelter of banana leaves to protect us from the sun. The Chief is a huge man of about 6ft. 2 inches. with many wives and children. He had several of the children with him —all dressed in beautiful native clothes.

The first offering is traditionally a glass of water. It symbolizes the rain necessary to make the harvest. It is the custom for the Chief to buy it. The people enjoy bidding, and bidding, to make the price go up and up. The Chief always has to top them. It is all done with great cheers and much clapping. At the end of the festival the Chief has to top all bids again,—this time for a ball of earth, which symbolizes "Mother Earth" home of all fruits of the harvest.

Sr. M. Ronald
Holy Family Hospital,
Berekum, Ghana

We extend our sincere and hearty congratulations to His Eminence, Samuel Cardinal Stritch, Archbishop of Chicago, on his being named Pro-Prefect of the Sacred Congregation for the Propagation of the Faith in Rome, by His Holiness Pope Pius XII. Cardinal Stritch is the first U. S. born prelate ever to serve as a Cardinal of the Roman Curia. The Sacred Congregation of Propaganda Fide deals with all matters relating to Catholic Missions throughout the world.

Mother Kevin, O.S.F. with Mother A. Dengel, S.C.M.M.

MOTHER KEVIN

Sister M. Richard

"The greatest missionary nun I ever met." This is high praise especially when the words are those of Boston's Archbishop Richard J. Cushing who probably meets and encourages more foreign missionaries than any other prelate in the United States.

The Archbishop was referring to Mother Kevin. Mother Kevin who was Teresa Kearney born in Ireland, 1875. A religious for sixty years—missionary in Africa for 52 years—foundress of the Franciscan Missionary Sisters for Africa—foundress of the Little Sisters of St. Francis, a congregation of African women.

These statistics are impressive enough when one recalls how much it means to dedicate oneself completely to God in the religious state and how much it takes to live and labor so long in the villages of Africa. But they only give an impersonal account of this leader among missionary Sisters and Mother Kevin was anything but cold and impersonal. She was warm and friendly and ready to help anyone anywhere.

Mother Kevin was a woman of one idea—missions. Missions for her meant bringing souls to know and love God. "Everything about missions interests me," she would say. "I don't care where the missions are. They are God's work." More than mission minded, there wasn't any part of Mother Kevin reserved for anything else. No conflict of interests for her, all was simple—bring souls to God; incorporate all nations into the bosom of our Holy Mother Church.

She went to Uganda, Africa in 1903. She walked from one mud hut village to another "helping out". Her services included rendering first aid, teaching sewing, cooking, A.B.C.'s and how to make a hut a better home. She worked in the fields, she advised, she listened and she loved all "her Blacks" as she called the people. During her tour of the villages, she saw many women die in childbirth. This convinced her that she should study midwifery in order to assist them. She had to go to Alsace Lorraine to take the course, since nuns were not supposed to be doing this at the time. She met victims of leprosy along the village paths. She learned of orphan children. She conversed with young African women who wanted to become Sisters. Through the course of the years to answer these needs, Mother Kevin founded in Africa, schools, dispensaries, hospitals, orphanages and a congregation of African women which now numbers more than 300 members representing over 20 different tribes.

Mother Kevin called mission life, the happiest life of all and her gaiety did much to encourage others. To young missionaries, her advice was simple and direct: "Have patience, infinite patience. Never, never lose your temper. Give heart and soul to the work. Don't be sentimental, "be kind," she counseled, "be kind because Our Lord was kind. We are in the missions to show forth Christ. Treat everyone the same. Be kind."

To hear Mother Kevin give this advice was to receive words backed by living example. She did not give

a one-sided picture, she told of the hardships of the missions. She warned that missionaries must suffer. Mother Kevin exhorted them to suffer gracefully each minute, each day. What she said; she lived and she lived to bring Christ to men. She was a missionary.

Our Holy Father Pope Pius XI awarded Mother Kevin the "Pro Ecclesia et Pontifica," King George V and Queen Elizabeth II have conferred honors upon her in recognition of her medical and education work in Uganda. But the affection of her African people, Mother Kevin considered her greatest treasure.

When asked which experience in her long mission career brought her the most joy, Mother Kevin would tell the story of her return to Uganda. Having spent some years in Ireland and America, she was returning to the shores of Africa. As the ship came into the harbor, the missionary Sister saw crowds of villagers lining the water front. Thousands were there and she began to imagine the reasons for their assembly. When the ship came closer to land, she heard the words they were shouting in their sing-song fashion — "Mama Kevina, Mama Kevina." The assembling villagers walked miles to welcome her back to Africa.

In Boston, one night last year, Mother Kevin gave a rousing talk on the missions as she had done so many times before. It was her last. She died the next day at the age of 83. Mother Kevin was buried at the motherhouse of the order she founded in Ireland. But the villagers of Uganda raised a cry, they wanted Mama Kevina with them. The Uganda government chartered a plane and once again her people assembled to honor Mother Kevin on her return to Africa.

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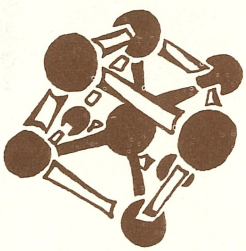

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For novices, St. Paul would hardly have needed to repeat his injunction. Joy comes easily to them and finds expression in laughter and song during recreations. Any novice would be glad to add her "amen" to the psalmists' assertion "happy are the people whose God is the Lord." And during May, when all of resurrected nature seems to join in praising Mary, the children dedicated to her so specially under her title, "Cause of Our Joy." can hardly refrain from giving her the tribute of their abundant joy in the Lord.

Rejoice in the Lord always Again I say Rejoice!

—Saint Paul

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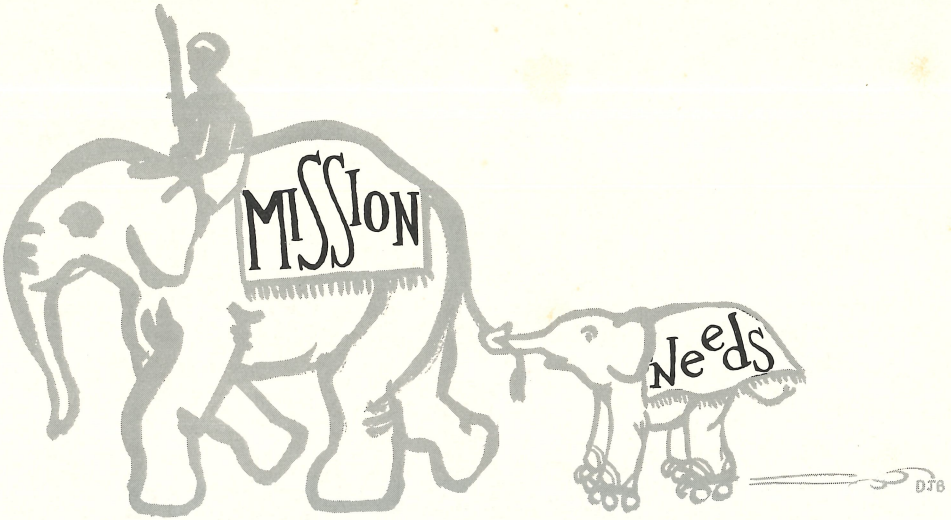

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OPTHALMASCOPE

For the Sister doctor in Holy Family Hospital, Techiman, in the African bush $26.10

SICK CALL SETS

For the Wards in Holy Family Hospital, Berekum. 8 *needed* *ea.* $3.00

WHEEL CHAIRS

For our patients in Kokofu Leprosarium who can't walk. 2 *ea.* $75.

DON'T FORGET

OUR ANNUAL GARDEN PARTY — June 13th and June 14th

8403 Pine Rd., Philadelphia, Pa.

Mrs. Maurice Hagan, Chairlady, (Pilgrim 5-1177) will welcome: all saleable items, aprons, plants, cakes, dolls, articles for "white-elephant" booth, canned goods for the bucket brigade, religious goods. Helpers needed also.

MYSTERY PACKAGES FOR POST OFFICE BOOTH MAIL DIRECT TO: 5388 Chew St., Philadelphia 38, Pa.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here is my contribution $_____ towards helping the Sisters reach their destination — more housing.

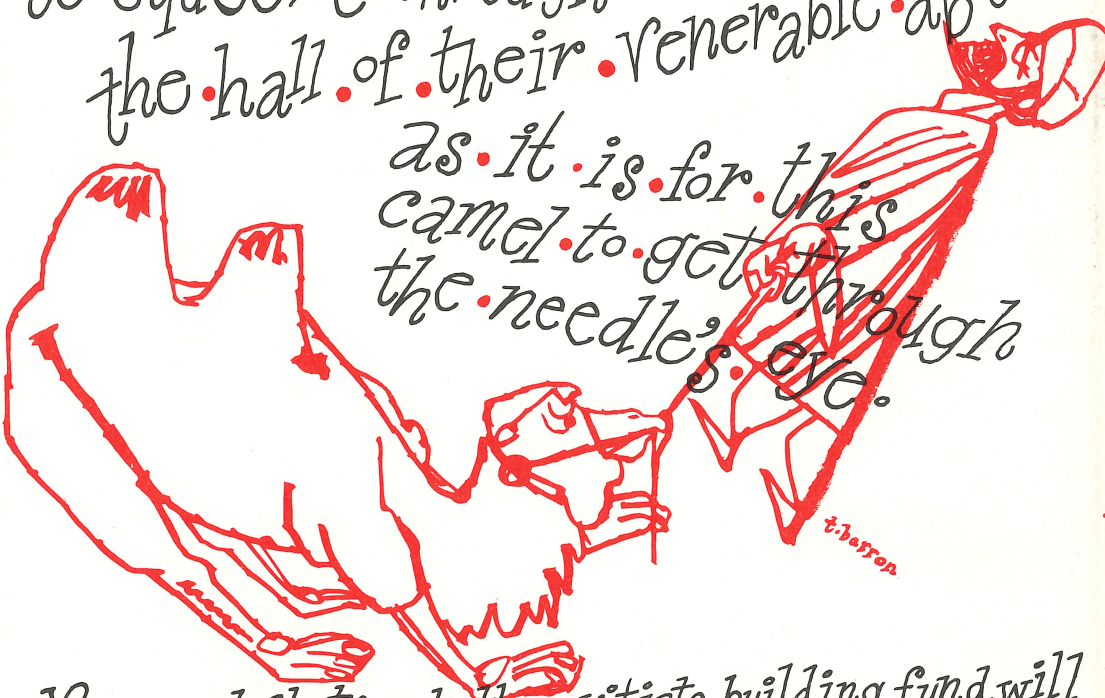
Name _____

Address _____

City _____ *Zone* _____ *State* _____

THE · SPIRIT · OF · THE · LORD · HATH ·
· FILLED · THE · WHOLE · WORLD
ALLELUIA.

It's almost as hard for fifty novices to squeeze through the hall of their venerable abode as it is for this camel to get through the needle's eye.



Your contribution to the novitiate building fund will make it easier for us to get through halls and for you, friend, to enter someday into the Kingdom of Heaven.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

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Name _____

Address _____

City _____ *Zone* _____ *State* _____